Employee

Performance Assessment

Report

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| Section 1 |  |
| First Name: |  |
| Initial(s): |  |
| Last Name: |  |
| Position Title: |  |
| Work Place Location: |  |

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| Section 2 |  |
| Period of Review: |  |
| Type of Assessment: | Probationary:  Annual:  Mid-term: |
| No. of Subordinates Supervised (if applicable) |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Section 3 | **1** | **2** | **3** | **4** | **5** | N/A | Comments |
| Quality of Work |  |  |  |  |  |  |  |
| Attitude |  |  |  |  |  |  |  |
| Job Knowledge |  |  |  |  |  |  |  |
| Reliability |  |  |  |  |  |  |  |
| Initiative and Responsibility |  |  |  |  |  |  |  |
| Customer Service |  |  |  |  |  |  |  |
| Supervision |  |  |  |  |  |  |  |

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| Section 4 |  |
| General Comments |  |

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| Section 5 |  |
| Employee Signature: |  |
| Date: |  |
| Supervisor’s Signature: |  |
| Date: |  |

Signature of this document indicates that the employee has read and understands the report.

A copy of this report will remain on the employee’s personnel file. Upon completion of employment the employee will be given a copy of these reports.